On page 8, please delete the paragraph beginning on line 7 and ending on line 24, and substitute the following therefor:

a7

After a medical procedure to treat an obstructed prostate, such as thermal prostate therapy, a patient may experience prostate bleeding while the recently-treated prostate recovers. Another consequence of such medical procedures is bladder outlet obstruction which results from the still-slightly enlarged and recovering prostate. After the procedure, the medical professional (e.g., a physician) that performed the procedure or some other medical professional will monitor the amount of urine and prostate bleeding, and attempt to provide the patient with an open urinary passageway. In order to monitor continuously the bodily fluids from the patient's bladder and prostate, the medical professional(s) attending to the patient need(s) to prevent the patient's external sphincter from closing to allow constant and uninterrupted drainage of those bodily fluids. In general, the attending professional(s) only need(s) to monitor the flow of blood and urine from the patient's urinary system for a few hours. It may, however, take several weeks for the patient's prostate to recover. One of the objects of the present invention is to provide devices, systems, and methods which will maintain an open passageway throughout the patient's entire urinary system such that constant drainage can be realized for some period of time just after treatment of the prostate, and which also can thereafter provide an open urinary passageway from the bladder through the prostatic section of the urethra while simultaneously allowing normal operation of the patient's external sphincter such that the patient has full and normal control over bladder voiding.

On page 11, please delete the paragraph beginning on line 3 and ending on line 27, and substitute the following therefor:

a3

The embodiment of the prostatic stent-catheter system **1** of FIGS. 1 and 2 further comprises a pushing device **12** and a handle **20**. The pushing device **12** has a proximal end **36** and a distal end **34.** The width of the pushing device **12** is sized to fit within the lumens of the prostatic stent **3** and the connecting segment **6**; while the length of the pushing device **12** is sized so that the proximal end **36** can contact the proximal tip **2** of the prostatic stent **3** while the distal end **34** extends beyond the distal end **30** of the releasably connected connecting segment **6.** Therefore, the physician performing the procedure can use the pushing device **12** to contact the proximal tip **2** of the prostatic stent **3** once the prostatic stent-catheter system **1** is already inserted into the patient's body. The pushing device **12** can be made from any material that is flexible enough to conform to the patient's anatomy, but also rigid enough to extend the proximal tip **2** away from the body member **5**. Materials such as stainless steel or polycarbonate meet these criteria. The pushing device **12** can be either straight as shown in FIG. 7 or curved as shown in FIG. 8, to aid in the insertion and placement of the prostatic stent **3** within the prostatic section of the urethra. Extending through the entire pushing device **12** is a lumen capable of receiving a guide wire. At the proximal end **36** of the pushing device **12** is a flange **32** used to connect the proximal tip **2** to the pushing device **12**. The flange **32** also prevents premature separation of the pushing device **12** from the proximal tip **2**. The flange **32** is best illustrated in FIG. 9. The other end of the pushing device **12**, the distal end **34**, is attached to a mechanism **24** located within the handle **20**. The mechanism **24** is slidably movable in the proximal and distal directions. Because the mechanism **24** is attached to the pushing device **12**, the position of the mechanism **24** determines the position of the pushing device **12** within the prostatic stent-catheter system **1**. The handle **20** is attached to the distal end **30** of the connecting segment **6** and remains outside of the patient's body. Therefore, a physician has access to the position of the pushing device **12** at all times during a procedure. Besides the

a3

mechanism **24**, the handle **20** also includes at least one opening **22** for drainage of fluids from the prostatic stent-catheter system **1**.

On page 16, please delete the paragraph beginning on line 5 and ending on line 22, and substitute the following therefor:

a4

The prostatic stent-catheter system **1** remains inside the male urinary system **70** until a decrease in prostate bleeding is observed and a physician decides that it is no longer necessary to monitor a patient's bodily fluid excretions. Even though a patient's bodily fluid excretions no longer require monitoring, the patient's prostate **53** may still be obstructed. To prevent bladder outlet obstruction and to promote prostate **53** recovery, a physician may decide to leave the prostatic stent **3** in position, and to remove only the connecting segment **6** portion of the prostatic stent-catheter system **1**. To remove the connecting segment **6**, the physician first decouples the prostatic stent **3** and connecting segment **6** by pulling on the connecting segment **6** (FIG. 24). The physician is then able to withdraw the connecting segment **6** from the urethra **58** (FIG. 25). Once the connecting segment **6** portion of the prostatic stent-catheter system **1** is removed, the patient's external sphincter opening **56** contracts, allowing the external sphincter **54** to operate normally and thus allowing the patient to control all bladder functions even though the prostatic stent **3** remains in place. The suture **42** attached to the prostatic stent **3** extends from the distal terminating end **4** through the urethra **58** and terminates just outside the meatus **60**. The suture **42** is thin enough to pass through the contracted external sphincter opening **56** without negatively impacting the operation of the external sphincter or therefore the patient's bladder control. The removal of a prostatic stent **3** may be performed separately at some later time, by either pulling on the suture **42** or through endoscopic means.